

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 13

-62-019945

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 53

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union Twp.</u>		c. CITY OR TOWN <u>Kansas City 18</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville, Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>2101 E. 62nd St. North</u>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>C.</u> Last <u>Waffle</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/6/17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Air Traffic Controller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Red Aviation agent</u>	
10c. FATHER'S NAME <u>Edward C. Waffle</u>		10d. MOTHER'S MARDEN NAME <u>Irene Ryan</u>	
11. BIRTHPLACE (City and state or country) <u>Chicago Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth M. Waffle</u>	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>from plane crash</u> DUE TO (c) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Thomas J. Duffy K.C. Mo.</u>		18. INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Crash of Continental Flight 11</u>		20c. TIME OF INJURY Hour <u>9:45 p.m.</u> Month, Day, Year <u>5-22-62</u>	
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		20e. CITY, TOWN, OR LOCATION <u>Union Twp.</u>	
20f. COUNTY <u>Putnam</u>		20g. STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>9:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James L. Johnson</u>		22b. ADDRESS <u>Unionville, Missouri</u>	
22c. DATE SIGNED <u>5/24/62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo.</u>	
23. FUNERAL DIRECTOR <u>Kugh L. Johnson</u>		24. DATE RECD. BY LOCAL REG. <u>5-24-62</u>	
25. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>		26. _____	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10860

23808

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JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body-whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm F Jackson
Licensed Embalmer No. 3954

P. O. Address Kirkville SMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.